Women/Maternal Health

State Action Plan Table (South Dakota) - Women/Maternal Health - Entry 1

Priority Need

Mental Health/Substance Misuse

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

Decrease percent of women on the SD WIC program who experience postpartum depressive symptoms following a recent live birth from 17.1% (2019) to 16.2% by 2025 (PRAMS)

Strategies

1.1: Implement an evidence-based and equitable behavioral health screening tool and referral protocol within the Office of Child and Family Services (OCFS) to assess for perinatal depression.

1.2: Create toolkit of resources on Maternal Mental Health/Substance Misuse and Health Equity for OCFS field offices.

1.3: Develop partnerships with diverse, multisector statekholders to address maternal mental health and substance use through a health equity lens.

ESMs	Status
ESM 1.1 - % of WIC clients with a positive response to Whooley questions that received a PHQ 9 screening	Inactive
ESM 1.2 - % of WIC clients whose PHQ 9 score met criteria for a referral and were referred	Inactive
ESM 1.3 - # of messages posted promoting well women care	Active
ESM 1.4 - % of women with positive depression screen who are referred to their PCP within OCFS field offices	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

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Perinatal/Infant Health

State Action Plan Table (South Dakota) - Perinatal/Infant Health - Entry 1

Priority Need

Safe Sleep

NPM

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Objectives

Reduce the number of SUID deaths related to unsafe sleep environment from 115/100,000 in 2017 to 104/100,000 by 2025 (NVSS)

Increase the percent of infants placed to sleep without soft objects or loose bedding from 52% in 2019 to 54.8% in 2025 (PRAMS)

Strategies

5.1: Disseminate culturally appropriate safe sleep educational materials, resources, and messages via social media, print, and radio.

5.2: Collaborate with diverse community partners to provide Child Death Review and disseminate findings to all South Dakotans.

5.3: Collaborate with diverse, multi-sector organizations/agencies to promote safe sleep.

ESMs	Status
ESM 5.1 - % of Child Death Review (CDR) team members who scored above 80% on a post-test	Inactive
ESM 5.2 - % of daycares who respond to survey and indicate that they follow safe sleep guidelines	Inactive
ESM 5.3 - % of birthing hospitals that receive information on certification process that become safe sleep certified	Active

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Child Health

State Action Plan Table (South Dakota) - Child Health - Entry 1

Priority Need

Parenting Education and Support

NPM

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Objectives

Increase the percent of children from non-metropolitan areas 9 through 35 months who received a developmental screening using a parent-completed screening tool in the past year from 33.2% (2017-18) to 36.5% by 2025 (NSCH)

Strategies

6.1: Develop and equitably disseminate a clear and consistent message to communicate the importance of developmental screening to families and community health providers.

6.2: Create new and promote existing parenting resources to support healthy children and families

6.3: Collaborate with partners to identify gaps in parenting education and support and reduce duplication of efforts

ESMs	Status
ESM 6.1 - % of Community Health Offices that distribute tracking cards	Inactive
ESM 6.2 - Percentage of children enrolled in Bright Start Home Visiting that receive a developmental screen by 18 months of age.	Active

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Adolescent Health

State Action Plan Table (South Dakota) - Adolescent Health - Entry 1

Priority Need

Mental Health/Suicide Prevention

NPM

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Objectives

Decrease the adolescent suicide rate among 15 through 19-year olds from 29.2 per 100,000 (2016-18) to 26.3 in 2025 (NVSS).

Decrease the percentage of 9th-12th graders who attempted suicide in the past 12 months from 12.3% in 2019 to 9.0% in 2025 (YRBS).

Strategies

7.2.1: Promote evidence-based programs and practices that increase protection from suicide risk.

7.2.2: Create opportunities for Positive Youth Development (PYD) among diverse youth with a health equity lens.

7.2.3: Develop and disseminate equitable and accessible Suicide Prevention education material, resources and messaging.

7.2.4: Develop partnerships with diverse, multi-sector local and state agencies to address youth mental health and suicide prevention among all South Dakota youth.

ESMs	Status
ESM 7.2.1 - # of students trained in teen Mental Health First Aid	Inactive
ESM 7.2.2 - Number trained in Youth Mental Health First Aid	Active

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

State Action Plan Table (South Dakota) - Adolescent Health - Entry 2

Priority Need

Healthy Relationships

SPM

SPM 1 - Increase the percentage of 10-19 year olds who would talk to a trusted adult if someone they were dating or going out with makes them uncomfortable, hurts them, or pressures them to do things they don't want to do from 45.6% in 2020 to 50.2% in 2026.

Objectives

Decrease the proportion of females aged 15 to 24 years with Chlamydia trachomatis infections attending family planning clinics from 14.2% to 12.8% by 2025 (EHR NetSmart).

Decrease the South Dakota teen birth rate, ages 15 through 19, from 20.4/1000 in 2018 to 18.4/1000 in 2025 (NVSS)

Strategies

1.1: Promote evidence-based programs and practices that increase healthy relationship skills, STI prevention and pregnancy prevention.

1.2: Create opportunities for Positive Youth Development (PYD) among diverse youth with a health equity lens.

1.3: Develop and disseminate equitable and accessible healthy relationship, STI prevention, and pregnancy prevention resources and messaging.

1.4: Develop partnerships with diverse, multi-sector local and state agencies to address youth healthy relationships, STI prevention and pregnancy prevention among all SD youth.

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Children with Special Health Care Needs

State Action Plan Table (South Dakota) - Children with Special Health Care Needs - Entry 1

Priority Need

Access to Care and Services

NPM

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objectives

Increase the percentage of CYSHCN who report receiving care in a well-functioning system from 16.3% (2017-18) to 17.8% by 2025 (NSCH)

Strategies

11.1: Enhance equitable family access to needed supports and services.

11.2: Identify and implement strategies to equitably advance medical home components for families of CYSHCN through access to family centered care coordination.

11.3: Coordinate the state newborn screening infrastructure focused on equitable testing and access to follow up services.

ESMs	Status
ESM 11.1 - % of families enrolled in care coordination services who report an improvement in obtaining needed referrals to care and/or services	Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

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Cross-Cutting/Systems Building

State Action Plan Table (South Dakota) - Cross-Cutting/Systems Building - Entry 1

Priority Need

Data Sharing and Collaboration

SPM

SPM 2 - The extent to which data equity principles have been implemented in SD MCH data projects

Objectives

Increase the number of data sharing projects accomplished from zero to seven by September 30, 2025.

Increase the number of new partners that we collaborate with on data projects from zero to five by September 30, 2025.

Strategies

2.1: Provide access to timely, reliable data so that partners and communities can use it in their own efforts to advance equity.

2.2: Develop reports that highlight health inequities across programs and issue areas.

2.3: Analyze de-identified data to assess social determinants of health and other underlying factors that play a role in morbidity and mortality.

2.4: Increase collaboration around American Indian data between state and tribal partners.